



State of Illinois
Third Party Prescription Administrator Registration

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001

Instructions:

Fee Requirement: Attach a check or money order payable to the Director of Insurance for \$50.

Bond/Fiduciary Account Requirement: All registrations of Third Party Prescription Administrators must be accompanied by a surety bond in an amount equal to not less than 10% of the total estimated annual reimbursements under the program.

The proper bond must contain:

- The name of the principal as it appears on the registration form;
- The principal's address as it appears on the registration form;
- The surety company's name and company number;
- The bond number;
- Original signatures of the Illinois resident agent, principal, the surety company's officer or attorney-in-fact.

In lieu of the bond requirement, the Third Party Administrator may establish and maintain a fiduciary account, separate and apart from any and all other accounts, for the receipt and disbursement of funds for reimbursement of providers of services under the program.

Location of Account: _____

Account Identification #: _____

Federal Tax ID #

Name of Administrator

Address (number & street)

Suite/Room #

City

State

Zip Code

Telephone #

Signature

Date

Name (printed or typed)

Important Notice: Under the Illinois Revised Statutes' insurance laws, disclosure of this information is **voluntary**; however, failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.